

South Dakota Department of Revenue
Manufacturer's Malt Beverage Tax Report

Name _____ License Number _____
Address _____ Month of _____
City & State _____ Phone Number _____
(Zip Code)

1. Monthly Sales (Barrels) _____
2. Malt Beverage (from line 1) _____ Bbls. x \$8.50 \$ _____
3. Interest \$ _____
4. Penalty \$ _____
5. Total Tax, Penalty and Interest Due \$ _____

This report MUST be filed with full payment, on or before the 25th day of the second month following the reporting period.
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I declare under the penalty of perjury that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature of Licensee _____ Date _____

Signature of preparer _____
(if other than Licensee)

Mail To: Department of Revenue, P.O. Box 5055, Sioux Falls, South Dakota 57117

For Office Use Only

Malt Beverage No. 0086 \$ _____